

CLAIMS ONLY						Application Number 107a1221	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
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25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32	1		1				82					
33							83					
34							84					
35							85					
36							86					
37	1		1				87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3		3				Total Indep					
Total Depend	47	←	47	←		←	Total Depend	←	←	←	←	
Total Claims	50		50				Total Claims					